



**State of Connecticut
Department of Developmental Services**

COVID-19 (SARS-CoV-2) Vaccination Tracking Form Instructions:

Purpose:

Reporting and tracking of the COVID-19 (SARS-CoV-2) vaccination administration for all individuals served by DDS living in residential settings (Intermediate Care Facilities, Community Living Arrangements, Continuous Residential Supports). This document provides instructions on using the excel template for documenting COVID-19 vaccinations and submitting the information to DDS by a secure method.

Please complete the attached form and send to dds.flu@ct.gov after the first group of individuals at the agency has received the initial dose of the COVID-19 vaccine, then update the form and report to DDS via the dds.flu@ct.gov bi-weekly on Thursday (i.e., 2nd and 4th Thursday of the month).

Please read all directions carefully prior to completing the DDS COVID-19 Vaccination Tracking Form. Any questions regarding this form can be sent to dds.flu@ct.gov.

The excel document attached has 12 fields that must be completed:

1. Individual Last Name- Please ensure proper spelling
2. Individual First Name- Please ensure proper spelling
3. DDS Number- This number was previously assigned to the individual by DDS, ensure correct entry.
4. DOB- Enter the individual's correct date of birth using numerical values (i.e. 6/23/1988)
5. Provider Name- Name of the agency that provides residential services to the individual
6. Provider Pin- The pin that was assigned to the residential provider agency
7. Individual Residential Address- Street name, number and town (i.e. 55 Maple Street, Wethersfield)
8. Vaccine Received (Drop down)- Click on the box, a small down arrow will appear to the right, click the arrow and select the option that applies to the manufacturer of the vaccine that has been administered to the individual (Pfizer-BioNTech, Moderna, Janssen- Johnson & Johnson, Declined)
9. Vaccine Administrator (Drop down)- Click on the box, a small down arrow will appear to the right, click the arrow and select the option that applies to the company that has administered the vaccine to the individual (CVS, Walgreens, Other). If the other option is selected, please write the company or healthcare provider that administered the vaccine (i.e. Hartford Healthcare, ProHealth Physicians- PCP)
10. Date of first dose- enter in numerical value (i.e. 1/13/2021)
11. Date of second dose- enter in numerical value (i.e. 2/2/2021)



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12. Notes- Enter additional information pertaining to the vaccine administration (i.e., name of other vaccine administrator, if the person declined related to an allergy this section can be used to indicate the allergy). Also, if an individual has a reaction to the vaccine, identified by the healthcare provider (medical doctor, advanced practical registered nurse, physician's assistant)

Save file with agency name, COVID19 Vaccine Tracking, and last revision date (i.e., Agency name-COVID19 Vaccine Tracking 1-21-2021). After the second dose save file with latest revision date (i.e. Agency name-COVID19 Vaccine Tracking 2-4-2021).

Please double check all information for accuracy prior to submitting to the dds.flu@ct.gov. When sending updated reports, avoid making changes to previous information. If a mistake was noted and changes are absolutely necessary, highlight in yellow.